

FORM **1746** (REV. 11-2009)

MAIL COMPLETED APPLICATION TO:

MISSOURI DEPARTMENT OF REVENUE TAXATION DIVISION

P.O. BOX 358, JEFFERSON CITY, MISSOURI 65105-0358 (573) 751-2836 TDD 1-800-735-2966 FAX: (573) 751-9409

E-mail: salestaxexemptions@dor.mo.gov

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1. IF YOU HAVE EVER BEEN ISSUED A MISSOURI TAX I.D. NUMBER B	Y THE DEPARTMENT	OF REVENUE, ENTE	R BELOW FEIN			CODE (DO	R ONLY)
TYPE OF EXEMPTION							
QUALIFYING FOR EXEMPTION AS: (CHECK ONE) CHARITABLE (Benefits the common good and welfar not only within the organization, while relieving govern burden that it would be otherwise required to meet) RELIGIOUS (Churches, ministries, and religious grou applies to sales and purchases only if within the organ	ment of a financial ips. Exemption	PUBL PRIVE EDUC	ons and activities, IC ELEMENTAR\ ATE NOT-FOR-PI CATION (Must ha	OR SECONDAR ROFIT ELEMENT ve received accre	RY EDUCATION SENTENTIAL SENTENT AND SENTENTIAL SENTENTI	ON ECONDARY	,
charitable, or educational functions) NOT-FOR-PROFIT CIVIC (Benefiting the citizenry at large on an unrestricted basis. Exemption applies only if the sale or purchase is made for the organization's civic or charitable functions and activities) NOT-FOR-PROFIT SOCIAL, SERVICE, FRATERNAL (Exemption application) only if the sale or purchase is made for the organization's civic or charitation.		MISS not qu	 ☐ HIGHER EDUCATION (Must have received accreditation) ☐ MISSOURI POLITICAL SUBDIVISION (Out-of-state political subdivisions do not qualify) ☐ FEDERAL OR MISSOURI STATE AGENCY 				
NOTE: Unions, political organizations, and home owner as:	sociations do not qu	uality for a Missot	in sales/use tax e.	кеттриоп.			
ORGANIZATION NAME AND LOCATION 3. ORGANIZATION NAME							
STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE				PHONE			
CITY		STATE	ZIP CODE	COUNTY)	<u>. — ⁻ —</u>	
WEB SITE ADDRESS		E-MAIL ADDRESS					
IS YOUR ORGANIZATION EXEMPT FROM PROPERTY TAX?	YES I	NO DATE ORG	ANIZATION ORIGI	NATED:			
INCORPORATED ORGANIZATIONS							
MISSOURI CORPORATION	MISSOURI CHARTER NUM	BER	DATE INCORPORAT	ED M M D	D Y Y Y	Υ	
U OUT-OF-STATE CORPORATION	MISSOURI CERTIFICATE C	DF AUTHORITY NO.	DATE REGISTERED M M D D	IN MISSOURI YYYY	STATE	OF INCORPORA	ATION
MAILING ADDRESS							
4. MAILING ADDRESS (IF DIFFERENT THAN ORGANIZATION ADDRES	S)						
STREET ADDRESS OR P.O. BOX							
CITY		STATE	ZIP CODE	COUNTY			
RECORD STORAGE							
5. RECORD STORAGE ADDRESS (PLEASE DO NOT USE P.O. BOX OF	R RURAL ROUTE)						
STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE							
CITY		STATE	ZIP CODE	COUNTY			
PLEASE C	OMPLETE ANI	D SIGN BACK	OF APPLICA	ΓΙΟΝ			

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FORM 1746 ORGANIZATION OR AGENCY OFFICE	ERS		
6. NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NUMBER	BIRTHDATE
			/ /
STREET ADDRESS	CITY		STATE ZIP CODE
NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NUMBER	BIRTHDATE
			//
STREET ADDRESS	CITY	1	STATE ZIP CODE
DESCRIPTION OF ORGANIZATION 7. Brief statement of organizational relationships.		proposed activities, and the intended u	
	·	ions, elementary and secondary sc	
expense, or schools of higher educa	tion are not required to furnis	sh the documents requested in items	3–11 listed below.
	1(c). [Churches do not need to	us organization, ATTACH a copy of you o attach a 501(c).] NOTE: An IRS exer	
ATTACH a copy of the Certificate INCORPORATED.	of Incorporation or Registratio	n issued by the Missouri Secretary of S	State, IF REGISTERED O
10. ATTACH a copy of your Bylaws.			
•	•	number of years in existence if less that tarting the organization, attach an estimate	,
SIGNATURE			
12. I swear or affirm that the information rep	orted in this form and any attached	I supplements is true and correct as to every i	material matter;
	ũ .	ization or agency are the same as they were	

that the present nature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were issued and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales/use tax exemptions and that I will immediately notify the Missouri Department of Revenue, of any change in circumstances which could reasonably lead me to believe that the above-named organization or agency would no longer qualify as exempt, either because of a change in the law or because of a material change in the organization's or agency's nature, purpose or activities.

It is understood that any misrepresentation contained herein or failure on my part to fulfill the promises entered into here will result in the immediate revocation of any exemption letter issued to this organization or agency.

I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

SIGNATURE OF OFFICER OR RESPONSIBLE PERSON	TITLE	DATE
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INSTRUCTIONS FOR COMPLETING THE MISSOURI SALES/USE TAX EXEMPTION APPLICATION

Missouri Tax I.D. Number

If you have been issued a Missouri Tax I.D. Number by the Missouri Department of Revenue, enter that number in the space provided. Providing your Missouri Tax I.D. Number will ensure the Department of Revenue registers your organization accurately.

Organization Name and Location

Provide the name and street address of your organization.

Incorporated Organizations

If you are incorporated in Missouri, check "Missouri Corporation" and provide the required information.

If you are an out-of-state corporation, and own property in Missouri, check the "Out-of-State Corporation" box and provide the required information.

Mailing Address

If correspondence should be mailed to an address other than the address of the organization or agency, provide the address to be used for mailing purposes (i.e., officer's, accountant's, or lawyer's address, etc.) P.O. Box may be used.

Record Storage

If the books and records are kept at an address (location) other than that of the organization, agency, or mailing address, provide the address here.

Organization or Agency Officers

Provide all of the requested information for one or two of the organization's or agency's officers.

Description of Organization

Summarize the primary organizational purpose in one or two brief statements. List the main activities of the organization or agency.

Attachments

The attachments are used to determine whether an organization is exempt under Missouri law. Please remember to include all attachments pertaining to your organization. If you do not include all required attachments, it could result in a delay in issuing your exemption letter or a denial of your application.

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IRS EXEMPTION RULING

If you are registered with the Internal Revenue Service (IRS) and have received a 501c letter, you must attach a copy of the most current letter of exemption issued to you by the IRS.

If you have not received an exemption letter from the IRS, you can obtain Form 1023, Application for Recognition of Exemption, by visiting their web site at www.irs.gove/eo or call (877) 829-5500. You may also visit your local IRS office.

NOTE: Churches are not required to submit the 501(c) letter.

City	Street Address	Telephone
Cape Girardeau	137 S. Broadview, Cape Girardeau, MO 63703	(573) 334-1552
Chesterfield	1122 Town and Country Commons, Chesterfield, MO 63017	(314) 612-4002
Florissant	2218 N. Hwy. 67, Florissant, MO 63033	(314) 612-4002
Independence	3830 S. Elizabeth Ave., Independence, MO 64057	(816) 966-2840
Jefferson City	3702 W. Truman Blvd., Jefferson City, MO 65109	(573) 635-6827
Joplin	402 S. Main St., Joplin, MO 64801	(417) 889-9828
Kansas City	5800 E. Bannister Rd., Kansas Clty, MO 64134	(816) 966-2840
Springfield	3333 S. National Ave., Springfield, MO 65807	(417) 889-9828
St. Joseph	201 South Eighth St., St. Joseph, MO 64501	(816) 966-2840
St. Louis	1222 Spruce St., St. Louis, MO 63103	(314) 612-4002
St. Louis (Sunset Hills)	3636 S. Geyer Rd., St. Louis, MO 63127	(314) 612-4002

Name of Person Completing Application

Please ensure you provide this information. While most correspondence will go to the organization or mailing address, the Department of Revenue may be able to resolve any questions by calling the responsible person.

Signature

This application must be signed by an officer or responsible person of the organization in order for the exemption letter to be issued.